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DLN: 93492221006216

OMB No 1545-1150

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Short Form

Department of the Treasury

nterr	nal Reven	ue Service					Tush	ECCIOII
			r year, or tax year beginning 01-01-2015	, and ending 12-31-	2015			
	Check if applicable Idress change		C Name of organization IOWA CITIZENS FOR COMMUNITY IMPROVEMENT			D Employe	r identifica	tion number
-Na		change ACTION FUND				45-32796		
Fi	nal retu	ırn/termınated I return	2001-2005 FOREST AVE	u to street audiess/Room, s	une	E Telephone		
		on pending				(:	515) 255-08	00
			City or town, state or province, country, and ZIP or for DES MOINES, IA 50311	eign postal code		FGroup Exer Number	mption ≱-	
					H Check ►	┌ ıf the or	ganızatıor	n is not
G A	ccour	nting Method	▼Cash 「Accrual Other (specify) ►			to attach S		· - \
. W	ebsit	e: 🕨 WWW.CCIAC	TION ORG		(FORM 99	0,990-EZ	, or 990-P	'F)
Ј Та	x-exer	npt status(check	only one) - 「501(c)(3) 「 501(c)(4) ◀(Insert no) 「 494	7(a)(1) or	i			
K F	orm o	f organization			<u> </u>			
			7 b to line 9 to determine gross receipts. If gros		0 or more, or it	f total asset	ts (Part II	— , column
		ı) are \$500,00	or more, file Form 990 instead of Form 990-E	Z		► \$ 168	8,840	
P	art I		, Expenses, and Changes in Net Asse					_
			e organization used Schedule O to respond to a , gifts, grants, and similar amounts received				1	96,815
	1		, gitts, grants, and similar amounts received ice revenue including government fees and con			<u> </u>		90,015
	2	-		idets		<u> </u>	2	55,072
	3	·	lues and assessments			<u> </u>	3	33,072
	4	Investment in					4	
a.	5a		t from sale of assets other than inventory					
Kevenue	Ь		· ·					
9	С		from sale of assets other than inventory (Subti	act line 5b from line 5a)		5c	
Ÿ	6	_	undraising events		1 1			
	a	Gross income	from gaming (attach Schedule G if greater than	. \$15,000)	6a			
	ь		from fundraising events (not including \$ ng events reported on line 1) (attach Schedule		IS			
		sum of such g	ross income and contributions exceeds \$15,00	0)	6b			
	c	Less directe	xpenses from gaming and fundraising events		6c			
	d	Net income o	(loss) from gaming and fundraising events (add	d lines 6a and 6b and s	ubtract line 6c) (6d	
	7a	Gross sales o	f inventory, less returns and allowances		7a			
	ь	Less cost of	goods sold		7b			
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7	b from line 7a)		:	7c	
	8	O ther revenue	e (describe in Schedule O)			[8	16,953
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ □	9	168,840
	10	Grants and sı	mılar amounts paıd (lıst ın Schedule O)			:	10	
	11	Benefits paid	to or for members			[:	11	
	12						12	58,926
ŝ	13	Professional f	ees and other payments to independent contrac	ctors			13	34,646
ž	14	Occupancy, r	ent, utilities, and maintenance				14	5,052
Expenses	15						15	9,794
	16					<u> </u>	16	44,286
	17						17	152,704
	18		ficit) for the year (Subtract line 17 from line 9)				18	16,136
etAssets	19	•	fund balances at beginning of year (from line 2)					
4			gure reported on prior year's return)	, , , , , , , , , , , , , , , , , , ,			19	106,218
2	20		s in net assets or fund balances (explain in Sch	edule O)		_	20	0
		_	fund balances at end of year Combine lines 18	•			_	122,354
	21	NEC 022612 01	Tana palances at end of year Combine mies 10	anough 20		• • 2	21	122,334

Form 990-EZ (2015) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 102.922 22 115,429 22 Cash, savings, and investments 23 Land and buildings 23 24 Other assets (describe in Schedule O) 3,296 24 6,925 122,354 106,218 25 25 Total assets 26 Total liabilities (describe in Schedule O) 0 26 0 106,218 27 122,354 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III (Required for section 501 (c)(3) and 501(c)(4)What is the organization's primary exempt purpose? organizations, optional for THE ORGANIZATION PRIMARILY FOCUSES ON ISSUES AROUND FARMING AND THE ENVIRONMENT, others) FAIR LENDING AND A FAIR ECONOMY, STATE BUDGET ISSUES, AND IMMIGRATION AND WORKER JUSTICE ISSUES Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title See Additional Data Table If this amount includes foreign grants, check here . . . ▶ □ (Grants \$) 28a 29 If this amount includes foreign grants, check here \cdot . \cdot (Grants \$) 29a (Grants \$) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) If this amount includes foreign grants, check here $\ \ .$ (Grants \$) 31a 32 Total program service expenses (add lines 28a through 31a) 144,121 32 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) A verage (c)Reportable (d) Health benefits, (e) Estimated hours per week contributions to amount compensation (Forms W-2/1099devoted to position of other employee benefit plans. MISC) (if not paid, and deferred compensation enter -0-) compensation **HUGH ESPEY** 5 0 0 6,907 820 0 **EXECUTIVE DIRECTOR** LARRY GINTER 0 5 0 0 0 0 VICE PRESIDENT KENN BOWEN 0 50 0 n O SECRETARY LORI NELSON 0 5 0 0 0 0 DIRECTOR **VERN TIGGES** 0 50 0 0 0 DIRECTOR BARB KALBACH 0 50 0 0 0 PRESIDENT

Form	990-EZ (2015)			Page 3			
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	nts ın	the				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>		ঢ			
			Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a						
24	-	33		No			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change						
		34		No			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	_					
		35a		No			
		35b					
С	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N						
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0						
b	Did the organization file Form 1120-POL for this year?	37b					
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were						
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations Enter						
	Initiation fees and capital contributions included on line 9						
	Gross receipts, included on line 9, for public use of club facilities						
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under						
	section 4911 \(\bigs_{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\ti}\text{\tex{\tex						
Б	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		No			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958						
d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization						
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No			
41	List the states with which a copy of this return is filed 🕨 🔼						
42a				-0484			
	Located at 🕨 2001 FOREST AVE DES MOINES, IA ZIP +4 🕨	503	311				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	103	No No			
	account)? If "Yes," enter the name of the foreign country •	120		110			
	11 Tes, enter the name of the foreign country F						
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo			
	If "Yes," enter the name of the foreign country 🕨						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ▶┌				
	and enter the amount of tax-exempt interest received or accrued during the tax year						
			Yes	No			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of						
	Form 990-EZ	14a		Νo			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No			
c	c Did the organization receive any payments for indoor tanning services during the year?						
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>						
_		44d					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the						
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b					

Form	990-EZ	(2015)							Page 4	
								Yes	No	
46		organization engage, directly or indi								
	candıda	tes for public office? If "Yes," compl	ete Schedule C, Part	1 %			46		No	
Par		Section 501(c)(3) organizat		47.40		N I I-I-	111-11-	. .	50	
		All section 501(c)(3) organization and 51	ons must answer qu	uestions 47-49t	and 52	2, and complete	the tables	s for lir	nes 50	
		Check if the organization used Sche	dule O to respond to a	any question in th	ııs Part V	I		<u></u>	Γ	
								Yes	No	
47		organization engage in lobbying acti " complete Schedule C, Part II	vities or have a secti	on 501(h) electio	n ın effec	t during the tax ye	ear? 47			
48	Is the o	rganization a school as described in	section 170(b)(1)(A	ا(۱۱)؟ If "Yes." co	mplete S	chedule E	48			
		organization make any transfers to			•		49a			
			·	_	iizatioii.		49b			
D		" was the related organization a sec								
50		te this table for the organization's fivees) who each received more than \$								
		me and title of each employee	(b) A verage	(c) Reportabl		(d) Health benefits		tımated	amount	
			hours per week devoted to position	compensatio (Forms W-2/10		contributions to aployee benefit pla	ans. co	of othe mpensa		
				MISC)		and deferred	,			
						compensation				
f	Total	number of other employees paid ove	r\$100,000 .				. .			
51		te this table for the organization's fivensation from the organization. If th			ontracto	rs who each receiv	ed more th	an \$10	0,000	
	01 001111	(a) Name and business address of	·		(b)) Type of service	(c) Com	(c) Compensation		
d		number of other independent contrac					-			
52		ne organization complete Schedule A leted Schedule A	A? NOTE. All Section 5	601(c)(3) organiz	ations m	ust attach a	•	Гүе	s 「No	
		s of perjury, I declare that I have exam I belief, it is true, correct, and complet								
	ledge.	bono, it is true, correct, and compret	or Decoration of propar	or (other than only	Jer, 15 Bu			ртораго	. mas amy	
N										
Sign	, !	****** Signature of officer				2016-08-08 Date				
Here		HUGH ESPEY EXECUTIVE DIRECTOR								
		Type or print name and title	Dronamata aggretur	1	Data	T	OTTNI			
Paid	4	Print/Type preparer's name BRENT L ALEXANDER	Preparer's signature		Date		TIN 200075113			
	a parer	Firm's name BROOKS LODDEN PC			<u> </u>	Firm's EIN ► 42-1	1229486			
	Only	Firm's address ► 1441 29TH STREET S	STE 305			Phone no (515) 2	223-7300	23-7300		
		WEST DES MOINES, I								
Mayt	the IRS o	discuss this return with the preparer	shown above? See in	structions -			► ΓYes	⊏No.		

Software ID: Software Version:

EIN: 45-3279620

Name: IOWA CITIZENS FOR COMMUNITY IMPROVEMENT

ACTION FUND

Form 990EZ, Part III - Statement of Program Service Accomplishments

ribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise her, describe the services provided, the number of persons benefited, and other relevant information ach program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
EDUCATION - THE ORGANIZATION USES COMMUNITY ORGANIZING TECHNIQUES TO ENGAGE IOWANS AND RAISE AWARENESS WITHIN THE GENERAL PUBLIC ON THE KEY SOCIAL, ECONOMIC, AND ENVIRONMENTAL JUSTICE ISSUES MENTIONED ABOVE, AND CONDUCT ISSUE EDUCATION CAMPAIGNS FOR THE GENERAL PUBLIC THE ORGANIZATION INTENDS TO BUILD A GRASSROOTS POWER BASE AND BUILD GRASSROOTS LEADERSHIP TO BRING ABOUT EFFECTIVE CHANGE ON THEIR KEY ISSUES THE EDUCATIONAL ACTIVITIES WILL INCLUDE LOCAL MEETINGS, MEDIA, OUTREACH, AND DISSEMINATING INFORMATION ON KEY ISSUES AND THEIR WORK (Grants \$ 0) If this amount includes foreign grants, check here ▶ □	384	126 710		
	28a	126,710		
GRASSROOTS LOBBYING - THE ORGANIZATION WILL ENGAGE IOWANS IN LOBBYING ACTIVITIES, AND HOLD 1-3 RALLY AND LOBBY DAYS AT THE STATE CAPITOL, EACH LEGISLATIVE SESSION, STARTING WITH THE 2012 IOWA LEGISLATIVE SESSION, TO ATTAIN THEIR POLICY GOALS AND BUILD GRASSROOTS DEMOCRACY THEY WILL PREPARE AND DISTRIBUTE INFORMATION TO IOWANS ABOUT THEIR KEY ISSUES, PROPOSE LEGISLATIVE SOLUTIONS TO THESE ISSUES AND DISTRIBUTE INFORMATION ABOUT STATE AND FEDERAL 29 LEGISLATIVE ACTIVITY RELATED TO THESE ISSUES (Grants \$ 0) If this amount includes foreign grants, check here	29a	4,303		
DIRECT LOBBYING - THE ORGANIZATION WILL ENGAGE IN DIRECT LOBBYING ACTIVITIES, SUCH AS MEETINGS WITH ELECTED AND APPOINTED OFFICIALS, WORKING TO GET LEGISLATORS TO INTRODUCE AND SUPPORT KEY LEGISLATION, OPPOSING LEGISLATION THAT IS CONTRARY TO THE ISSUE POSITIONS AND STAYING IN REGULAR CONTACT WITH KEY ELECTED OFFICIALS ON THEIR ISSUES (Grants \$ 0)	30a	13,108		
ELECTORAL WORK - DURING THE ELECTION SEASON, WHEN SUCH ACTIVITIES WILL FURTHER THE ORGANIZATION'S PURPOSE AND GOALS, THE ORGANIZATION WILL CONDUCT VOTER EDUCATION AND REGISTRATION EFFORTS, SUCH AS A DOOR TO DOOR CANVASS AND PHONE CANVASS TO EDUCATE VOTERS ON KEY ISSUES, GET OUT THE VOTE AND RAISE SUPPORT FOR THEIR WORK THE ORGANIZATION WILL CONDUCT ACTIVITIES TO ENGAGE CANDIDATES AND ENCOURAGE THEM TO ADDRESS THESE KEY ISSUES FROM TIME TO TIME THEY WILL INTERVENE IN CANDIDATE ELECTIONS ALSO WHERE IT HELPS THEM FURTHER THEIR GOALS AND ONLY TO THE EXTENT ALLOWABLE BY LAW (Grants \$ 0) If this amount includes foreign grants, check here	17	0		

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: IOWA CITIZENS FOR COMMUNITY IMPROVEMENT

ACTION FUND

EIN: 45-3279620

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.

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DLN: 93492221006216

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Political Campaign and Lobbying Activities

OMB No 1545-0047

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

٠	Section	501(c)	(4), (5),	or (6)	organizations	Complete Part III

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III	
Name of the organization IOWA CITIZENS FOR COMMUNITY IMPROVEMENT	Employer identification number
ACTION FUND	45-3279620
Part I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.
 Provide a description of the organization's direct and indirect political campaign activities in Pa 	art IV
Political expenditures	
▶	¢
3	Ψ
V olunteer hours	
Part I-B Complete if the organization is exempt under section 501(c)(3).	

olunteer hours	
art I-B Complete if the organization is exempt under section 501(c)(3).	
Enter the amount of any excise tax incurred by the organization under section 4955 ▶	\$
Enter the amount of any excise tax incurred by organization managers under section 4955 ▶	\$
If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
a	
as a correction made?	
Yes No	
f "Yes," describe in Part IV	
art I-C Complete if the organization is exempt under section 501(c), except s	ection 501(c)(3).

Y	es No	
ь	If "Yes," describe in Part IV	
Pai	rt I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2		
	er the amount of the filing organization's funds contributed to other organizations for section 527 mpt function activities	
Þ		
		\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4		

Did the filing organization file Form 1120-POL for this year?

\Box	Yes	Г	No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6 For Paperwork Reduction Act Notice, se			at No 500845 Schedule C (F	

Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-	EZ. Ca	t No 50084S	Schedule C (Form 990 or 990-EZ) 2015

Schedule C (1 01111 230 01 330 EZ) 2013				
Part II-A	Complete if the organization is exempt under section 501(c)(3) an	d filed Form 5768 (election		
	under section 501(h)).			

A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Filing organization's	(b) Affiliated
(The term "expenditures" means amounts paid or incu	ırred.)	totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d) ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

For each "Yes" i activity.	filed Form 5768 (election under section 501(h)).	T ((a)	(b)
200777077	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	Yes	No	Amount
legislati	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	1.03		
a /olunteers?				
	for management (include compensation in expenses reported on lines 1c through 1i)?			
c 1edıa advertis	ements?			
d 1aılıngs to me	mbers, legislators, or the public?			
e Publicat	ons, or published or broadcast statements?			
f Grants t	 o other organizations for lobbying purposes?			
. Grants t	, other organizations for looplying purposes.			
g Direct co				
h Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	-2	I		
ther activitie 	s' 			
j	<u></u>			
otal Add line	s 1c through 1ı			
	L			
	enter the amount of any tax incurred under section 4912			
•	enter the amount of any tax incurred by organization managers under section 4912			
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(2)(5) 0	r section
	501(c)(6).			Yes No
1 Were su	ostantially all (90% or more) dues received nondeductible by members?		F	1 Yes
2 Did the	rganization make only in-house lobbying expenditures of \$2,000 or less?		-	2 No
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?			3 No
Part III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."			
	nents and similar amounts from members			
1 Section	16.2(a) pandaduatible labbuung and palitical avnanditures (da not include amounts of palitical		1	
expense	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).			
a Current year				
2a				
b Carryover fron	ı last year			
2b				
С				
Γotal				
2c	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
2c				
2c 3 Aggrega 4 f notices were does the organ	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?			
3 Aggrega 4 If notices were does the organ	ızatıon agree to carryover to the reasonable estimate of nondeductible lobbying and			
2c 3 Aggrega 4 If notices were does the organ political expen	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?	5	ı	
3 Aggrega 4 If notices were does the organ political expen 4 Taxable	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year? amount of lobbying and political expenditures (see instructions)	5	I	
3 Aggrega 4 If notices were does the organ political expen 4 5 Taxable Part IV Provide the organ	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?), Part II	-A, lines 1 and

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2015

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND Employer identification number

45-3279620

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 16,953
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION EQUIPMENT AMOUNT 3,345 DESCRIPTION TRAVEL AMOUNT 8,458 DESCRIPTION SU PPLIES AMOUNT 3,261 DESCRIPTION SUBSCRIPTIONS AMOUNT 2,820 DESCRIPTION LIABILITY I NSURANCE AMOUNT 1,109 DESCRIPTION BANK CHARGES AMOUNT 1,501 DESCRIPTION MISCELLANE OUS AMOUNT 3,007 DESCRIPTION PR TAXES AMOUNT 4,254 DESCRIPTION CONFERENCES AMOUNT 10,775 DESCRIPTION COMMUNICATIONS AMOUNT 5,756 TOTAL TO FORM 990-EZ, LINE 16 44,28 6
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION NUOP CASH HELD BEG OF YEAR AMOUNT 3,296 END OF YEAR AMOUNT 6,925